

U.S. DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS **ATTORNEY APPEARANCE FORM**

NOTE: In order to appear before this Court an attorney must either be a member in good standing of this Court's general bar or be granted leave to appear *pro hac vice* as provided for by Local Rules 83.12 through 83.14.

In the Matter of

Case Number: 07 C 6322

North Shore Sanitary District *f/u/b*
 Great American Insurance Company, Plaintiff,

vs.

Travelers Casualty and Surety Company of America,
 Defendant.

AN APPEARANCE IS HEREBY FILED BY THE UNDERSIGNED AS ATTORNEY FOR:

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

NAME (Type or print)		DONNA R. HENDERSON	
SIGNATURE (Use electronic signature if the appearance form is filed electronically) s/ Donna R. Henderson			
FIRM HENDERSON & HENDERSON, P.C.			
STREET ADDRESS 700 S. Lewis Avenue			
CITY/STATE/ZIP Waukegan, Illinois 60085			
ID NUMBER (SEE ITEM 3 IN INSTRUCTIONS) 01185276	TELEPHONE NUMBER 847/623-7880		
ARE YOU ACTING AS LEAD COUNSEL IN THIS CASE?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	
ARE YOU ACTING AS LOCAL COUNSEL IN THIS CASE?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	
ARE YOU A MEMBER OF THIS COURT'S TRIAL BAR?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	
IF THIS CASE REACHES TRIAL, WILL YOU ACT AS THE TRIAL ATTORNEY?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	
IF THIS IS A CRIMINAL CASE, CHECK THE BOX BELOW THAT DESCRIBES YOUR STATUS. RETAINED COUNSEL <input type="checkbox"/> APPOINTED COUNSEL <input type="checkbox"/>			